

## **HMO ADVISORY COMMITTEE**

### **AUGUST 18, 2004**

Attendees: John Hartman, WMS; Carroll Carlson, Group Health-EC; Mike Costello, WDA; Jenny Oliver, Health Tradition Health Plan; Allee Meagher, GPA; David Woldseth, DHFS; Mary Laughlin, DHFS; Angie Dombrowicki, DHFS; Richard Carr, DHFS; Sandra Mahkorn, DHFS; Gary Ilminen, DHFS; Sandra Tunis, MHS/NHP; Kyle Mounts, WAPC; Kathy Ikeman, Unity Health Plan and Valley Health Plan; Mary Anderson, Dean Health Plan; Joe Kachelski, WHA; Robert Blaine, DOA; Sarah Lewis, Wisconsin Primary Health Care Association; Rick de la Garza, United Health Care; Carmella Glover, Group Health Cooperative-Madison; Jeff Zriny, Security Health Plan; Carola Gaines, Unity Health; Eunice Conley, consumer; Dr. Pat McManus, Black Health Coalition; Rachel Morgan, BHC; Mara Brooks, WDA; and Kelly Rosati, WAHP.

At 10:06 AM, Angie Dombrowicki called the group to order and provided a brief history of why the committee was created. This committee will replace the regional forums and will be used to share information and to work on statewide policy issues. Federal law requires that states with Medicaid managed care programs have an advisory committee made up of representatives of stakeholder groups.

After attendees introduced themselves, Angie Dombrowicki reviewed the purpose of the HMO Advisory Committee. One of the preliminary tasks is to identify people who should be attending the meetings. The key tasks for the committee will be to disseminate information, to share knowledge about quality of care, and to provide a forum for quality and accessibility of care as well as other contract requirements. The current plan is to meet three times a year and move meetings around the state. The committee will not meet more than once a quarter. The state will reimburse allowable expenses for consumers who choose to participate on the committee.

The committee then discussed a number of concerns that they had. Staff recorded them on a flipchart. A summary is attached to these minutes (Attachment 1).

The committee also discussed ways to involve more consumers. Suggested solutions include: advocates encouraging consumers to participate, a more relaxed dress code, providing transportation for consumers, and conducting focus groups made up of consumers. The committee agreed that trying several approaches would be most effective. Focus groups made up of consumers are a logical solution because consumers may have differing concerns depending on residence around the state since issues differ geographically.

It was also suggested that someone from the Department of Workforce Development and someone from the counties be invited to attend future meetings. They may be able to talk about available support and discuss their own perceptions and needs.

Dr. Carr presented information on performance improvement projects that have been done by HMOs over the past few years. Projects are developed based on data collected by

the state and the HMOs, and they are targeted to specific areas of interest or concern. Data and results for these projects are available on the DHFS web site at [www.dhfs.wisconsin.gov](http://www.dhfs.wisconsin.gov). There was an article in the September issue of *JAMA* that addressed pay-for-performance and the elimination of health disparities.

### **Next Steps**

The Department will work with HMO advocates and community advocacy groups to find consumers willing to participate in focus groups. The first focus groups will be targeted to Milwaukee. After the focus groups have been conducted, the Department will schedule another meeting of the HMO Advisory Committee.

Recorded by:

David Woldseth  
Bureau of Managed Health Care Programs